

EMS ADVISORY COUNCIL MEETING
MINUTES
October 23, 2014
AV Room 210 – 212 State Capitol

Members Present: Lynn Hartman, Diane Witteman, Ken Reed, Kari Enget, Jeff Sather, Joe Lies, Chet Pollert, Terry Ault, June Herman, Lynette Dickson, Curt Halmrast, Tim Meyer and Karin Mongeon.

Members Not Present: Jerry Jurena

DoH Representation Present: Tom Nehring, Amanda Roehrich, Elizabeth Pihlaja, Kelli Sears, Shila Thorson, Ruth Hursman, Dr. Szlabick and Kari Kuhn.

Others Present: Adam Parker – Sanford, Mona Thompson – NDEMSEA, Jim DeMell – NDEMSEA

Tim Meyer welcomed the committee and introductions were made around the table.

Approval of Minutes:

Motion made: EMSAC approves the minutes from July 23, 2014 meeting.

Motion made by Dr Szlabick, seconded by Ken Reed

No further discussion; motion carried

Membership Changes

- Term limits and membership changes were discussed.
- Current council members will be maintained at this time.
 - Marlene Miller resigned due to change of job position.
 - After discussion council members agreed a CAH administrator would be a good addition to the council.
 - Theo Stoller from Jacobson Memorial Hospital Care Center (Elgin) was suggested.
- Tim M and Curt will continue co-chairing with a change of seat per calendar year.
 - They will switch as of 1/1/2015.
- Tom has visited with Department heads regarding DoH employees serving as EMSAC members.
 - They have advised there is no conflict of interest.
 - Council members agree and raised no issues.
 - Dr Szlabick made the suggestion that if ever needed, those members could be asked to leave the meeting.
 - Conflict of interest waivers will be supplied at the next meeting.

2015 Funding Area Grants

(See attached PowerPoint)

- Points to Ponder:
 - Funding requests have increased.
 - Funding has increased.
 - The average request has increased.
 - There has been no consolidation of funding areas.
 - Reluctance to change.

- Some playing of the system – requesting more than they need now that they’ve figured out the chances of being paid a percentage of their request.
- The current process is very labor intensive for DEMST.

DEMST is looking for thoughts from EMSAC on how to make changes moving forward to encourage consolidation and minimalize the grant process.

- The plan is to get the grant guidance out by February 1
- Deadline for funding areas of April 30
- Scoring completed May – June
- Awards made July 1

Background information on items funded:

- New vehicles / buildings
 - These items have had caps / requirements put on them
 - \$50,000
 - Vehicle had to be 10 years old AND 100,000 miles
 - Structural integrity of building or building living quarters
- Staffing
- Equipment / Supplies
- Medical direction
- Rent / utilities

Further discussion included:

- Original goal / legislative intent.
- Funding areas that have never applied and why.
- Forming an efficient EMS system to increase patient care vs an ‘EMS welfare fund’.
- Number of calls vs the population / area.
- The need for an ambulance service vs utilizing a QRU – rapid response vs rapid transport.
- Tie grant allocation with quality of care.
- Should state or community pay if a community wants an ambulance but only runs 20 calls / year.
- Force collaboration through joining of funding areas.
- How to measure output and deliverables – demonstrate the difference made in quality of patient care.
- Regionalization.
- Funding areas / ambulance services don’t know how to collaborate, don’t understand concept.
 - Utilize current systems (Diane) to teach.
- Possible requirements:
 - Leadership training
 - Regional service meetings
- Scoring difficulties
- Supply workshops on grant writing, collaboration, etc.
 - Utilize UND Center for Rural Health – grant educations at no cost

What the Division is looking for from EMSAC

- Supporting the concept of reducing the number of funding areas.
- Requiring leadership training vs weighted value in scoring.

- Consideration of a regional approach and a recommendation in how to do this (i.e. regionalization around ALS services).

Motion made: EMSAC recommends that the clause allowing for revenue generated by EMS be considered as part of the local match.

Motion made by Diane Witteman, seconded by Terry Ault.

No further discussion; motion carried.

Motion made: EMSAC council recommends lowering the number of funding areas in the Rural EMS Assistance grant process.

Motion made by Ken Reed; seconded by Diane Witteman.

Motion made: EMSAC recommends leadership training, as defined by the division, be made mandatory as part of the Rural EMS Assistance grant application.

Motion made by Dr Sather; seconded by Lynette Dickson.

After further discussion; motion carried.

The council concurs in support for regionalization of the EMS system as a whole.

Rules

Due to a large number of revisions, the January health council meeting will be the goal for finalizing this rule process.

Rules discussion points.

- Tom feels the biggest change will be the immediate drop off of PCR reports.
 - Advice had been given to not do a short report but to alter the system to allow for immediate drop off of the complete report.
 - An OAR has been submitted for a complete revision of the current database system.
 - Looking at electronic download drop off rather than paper drop off.

State EMS Medical Director

- Dr Sather new State EMS Medical Director
- Initiative for medical direction quality and system development.
- Intention to guide ambulance services and not to replace individual medical directors.

Training Contract – NDEMSA

Training funds are being contracted through NDEMSA and regional staff

- Helmsley funds
- Stroke project
- LUCAS training

Updates

Trauma System

- Summary of trauma regional performance improvement process and case discussion.
 - Currently ground BLS is not included. It has been discussed to bring them to the table during this process.
- Plans to work on update of trauma transport plans to include STEMI and stroke transport.

Stroke/Cardiac System

Stroke

- Acute stroke ready hospital designation.
 - CT ready and read within 40 minutes.
 - Bypass survey to CAH CEOs.
- Next stroke task force mtg in November.

Cardiac

- Members have been appointed.
- First meeting is 10/29 in Jamestown.

EMSC

- Presenting at regional EMS conferences, and conference in November.
- Carryover funding
 - Assessments to decide what type of equipment to purchase.
 - Updating resuscitation charts.
 - Looking at voluntary ambulance designation system for pediatrics.
 - Equipment and training for pediatric ready.

Training

- Education committee meeting held 10/15/14 in Jamestown.
 - Discuss the future of education.
 - Instructor quality.
 - Quality of education.
- Review and revision of state protocols.
- Presenting at regional EMS conferences – presenting walk-through of pilot project / recertification.
- Instructor refreshers for 2015 – January, April, June

Updates

Subcommittees

Motion made: EMSAC moved to change the Strategic Planning subcommittee to the System Development subcommittee.

Motion made by Dr Sather, seconded by Lynette Dickson.

No further discussion; motion carried.

Dispatch

Tom (Lindsey chair – on leave)

- Both Tom and Lindsey continue to belong to the 911 Association
- Continued difficulties between DoH and 911 coordinators / PSAPS / Association.

Quality Improvement

Dr Sather

- No meeting since last EMSAC meeting.
- Pilot project has not started.
- Still plan to move forward. Similar to regional trauma system.

EMS Information Inoperability

Tom (Lindsey chair – on leave)

- No meeting since last EMSAC meeting.
- Hopeful new direction as mentioned above.
- Waiting for approval on funding.

Community Paramedic

Ken Reed

- Subcommittee met once.
- Two additional sites involved.
 - Essentia (fargo) approved application.
 - Carrington Health Center applied but has been tabled due to a building process.
- F-M program will be up and running in November.
- Rugby is operating.
- Billings County and Bowman currently attending training in Hennepin County.
- Looking for instate training resource.
 - F-M ambulance is seeking approval through their college.
- Not anticipating a lot of growth right now.
- Aiming to have 4 – 5 sites functioning effectively.
- Discussion regarding issues with reimbursement.

Distribution of Ambulance Tax Levys

- The county auditor is to automatically distribute without the ambulance requesting funds.
- This issue currently sits with the Attorney General's office.
 - Edward Erickson (AG's office) to make a determination on enforcement action against counties not appropriately distributing tax levys to ambulance services.
- The Treasurer's office is aware of the statute that is on the books but has no enforcement.

Revisit Reasonable EMS

- Original funding area concept based on the definition of 'reasonable EMS'.
- Tom suggests that this be the responsibility of the system development subcommittee to create some quality indicators.
- Representative Pollert suggested somebody talk to the Association of Counties.

Needs Assessment

- It has been decided that all new ambulance licensure applications need to be accompanied by a needs assessment.
 - This is a much bigger process than was originally thought.
- Needs assessment steps include:
 - Completion of application.
 - Interview stakeholders in the area including surrounding ambulances, community leaders, other entities.
 - Site visit.
 - Review committee presents to Division Director for decision.
 - If there is an appeal, the information is then turned to Section Chief for decision.
 - If there is another appeal, the information is brought to Dr. Dwelle.

- This would be completed for any EMS level, or introduction of a new level into a community.

Active vs Inactive Personnel on Service Roster

- This issue came to the forefrom during the Rural EMS improvement project.
- How to definid 'Active' squad members.
 - Do we set a number of call days / shifts / calls?
- Dr. Sather agrees that this is also a quality issue.
- Possible breakdown squad members between clinical members vs administrative members.
- How to decide.
 - State mandate.
 - Agency policy.
 - Sample bylaws provided by the State.

Dispatch Issues

- Kari Enget brought to discuss.
- 5 calls in the last 2 months that have been incorrectly dispatched with a farther service being dispatched.
- Powers Lake Ambulance representatives met with dispatch representatives to discuss issues.
 - High turnover – new employees.
 - Did a test page to Powers Lake.
 - Misinformation provided to dispatch.
- Ambulance dispatched was looking for the address in the wrong county.
- Reflects on the service.

DEMST

- No regulatory control over dispatch.
- EMD course does not teach how to dispatch, but reviews pre-care instruction cards.
- Ambulance services are to fill out anomaly reports when there are dispatch issues.
- Ambulance services don't like to fill these out for fear of causing problems.
- What is the solution.

Issues:

1. Wrong ambulance dispatched.
2. Welfare checks on EMS.
3. Ambulance dispatched but doesn't respond.
4. No return calls when EMS trying to communicate.
5. EMS secondary to law enforcement.
6. EMS needs more attention with the increased traffic through the state.

Advice:

1. Visit with emergency management before doing any legislation to discuss the problem.
2. Make friends.
3. Who should start communication and facilitate the meeting.

Small steps:

1. Have joined the 911 association.
2. Association of counties has the ESC3 and DEMST has presented there.
3. EMSAC has dispatch subcommittee.

Other Business

- First ever National Rural EMS Leadership Conference
- May 5-6, 2015
- Cheyenne, Wyoming

- Information coming out soon.

Upcoming Meetings

January 22, 2015

April 23, 2015

July 23, 2015

October 22, 2015

Adjourn